DOCUMENT RESUME

ED 164 087 PS 010 246

AUTHOR Iscoe, Louise; And Others
TITLE Health Precautions. Child Health and Safety Series (Module II).
INSTITUTION Southwest Educational Development Lab., Austin, Tex.
SPONS AGENCY Texas State Dept. of Human Resources, Austin.
PUB DATE 77
NOTE 62p.; For related documents, see PS 010 241, PS 010 248, and PS 010 252-56

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS Child Care Centers; *Child Care Workers; Dental Health; Family Day Care; *Health Education; *Health Guides; Identification; *Instructional Materials; Postsecondary Education; Preschool Teachers; Recordkeeping

ABSTRACT

This manual for child care personnel in day care homes and centers provides guidelines on developing and maintaining health records and permission forms, establishing daily cleanliness routines, making daily health checks, and conducting periodic screening to identify children with problems requiring professional help. Section I focuses on recording information on immunizations, health examinations and emergency procedures and obtaining medication and travel permissions. Sample forms are included. Section II deals with toileting and washing routines, precautions with food, and dental care. In Section III a daily health check for each child is recommended. Section IV provides guidelines for periodic screening for health, visual, hearing, speech, motor, behavior and learning problems. Checklists are provided to guide observations in each problem area, and referral procedures are indicated. Section V lists local, regional and national agencies from which information and resources may be obtained. (A slide/sound presentation and pamphlets were produced in conjunction with this manual.) (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED164087

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Module II

HEALTH PRECAUTIONS

PS 010246

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Jerry K. Southard

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

CHILD HEALTH AND SAFETY SERIES

Developed by

Southwest Educational Development Laboratory

Austin, Texas

Project Director: Joyce Evans, Ph.D.

Writers: Louise Iscoe, Barbara Kihnel
Yvonne Newman, Becky Zuniga

Media: Robert Ruther

Audio-Visuals: Mike Lacey Productions

Medical Consultant

Mary Ann Micka, M.D., M.P.H.
Texas Department of Health
Child and Maternal Health Division

PS 010246

Developed for the
Child Development Program Division
Texas Department of Human Resources

Project Manager: Marian Monroe

This program was produced by the Southwest Educational Development Laboratory under a contract from the Texas Department of Human Resources. The content of this program does not necessarily reflect the position or policy of the Texas Department of Human Resources and no official endorsement should be inferred.

©1977, Texas Department of Human Resources

CHILD HEALTH AND SAFETY SERIES

Module I	SAFETY PRECAUTIONS (includes manual, pamphlets, and one slide/sound presentation)
Module II	HEALTH PRECAUTIONS (includes manual, pamphlets, and one slide/sound presentation)
Module III	WHEN A CHILD IS SICK OR HURT (includes manual, pamphlets, and one slide/sound presentation)
Module IV	MEDICAL PROBLEMS (includes manual, pamphlets, and one slide/sound presentation)
Module V	THE SERIOUSLY ILL CHILD (includes manual, pamphlets, and one slide/sound presentation)
Module VI	EMERGENCY CHILD AID (includes manual, pamphlets, and one videotape or one 16 mm film)
Module VII	THE GROWING CHILD...BIRTH THROUGH FIVE (includes manual, pamphlets, and three slide/sound presentations)
Module VIII	THE GROWING CHILD...SIX THROUGH FIFTEEN (includes manual, pamphlets, and three slide/sound presentations)

HEALTH PRECAUTIONS

HEALTH PRECAUTIONS / Module II

		Page
I.	RECORDS AND FILES	4
A.	IMMUNIZATION RECORDS	5
B.	HEALTH EXAMINATION INFORMATION	7
C.	EMERGENCY INFORMATION	8
D.	PERMISSION FOR TREATMENT AND MEDICATION	10
E.	TRAVEL PERMISSION	12
II.	DAILY HEALTH ROUTINES	13
A.	TOILETING	14
1.	Toilet Training	14
2.	Child Size Facilities	16
3.	Bathroom Guidelines	17
4.	Cleanliness	19
B.	EATING	20
1.	Washing Hands	20
2.	Basic Foods	20
3.	Food Servings	21
4.	Bottle Feeding	22
C.	DENTAL CARE	23
1.	Care of Teeth	23
2.	Brushing the Teeth	24
3.	Maintaining Sanitary Conditions	25
III.	DAILY HEALTH CHECK	26
A.	OBSERVATIONS	26
B.	RECORDING OBSERVATIONS	28
IV.	PERIODIC SCREENING AND REPORTING	29
A.	HEALTH	31
B.	VISUAL	33
C.	HEARING	35
D.	SPEECH	37
E.	MOTOR	40
F.	BEHAVIOR	42
G.	LEARNING	45
V.	RESOURCES AND INFORMATION	48
A.	LOCAL RESOURCES	48
B.	NATIONAL ORGANIZATIONS	51
	TEST YOUR KNOWLEDGE	57

HEALTH PRECAUTIONS / Module II

Healthy daily routines are as necessary in preventing illness as immunizations and physical examinations. In addition, any potentially handicapping conditions can be prevented through careful and consistent observation and referral of children to other professionals when necessary.

The purposes of this module are to assist you in:

- developing and maintaining accurate records on each child in your care.
- planning and conducting daily routines which will help in preventing illnesses.
- conducting daily health checks to identify existing problems for which medical help may be needed.
- screening on a periodic basis to identify those children in need of referral to other professionals.

Other modules in this series will also be of help to you in caring for children. Accident prevention and first aid supplies are included in Module I, Safety Precautions. What to do when a child in your care becomes ill, taking temperature and immediate help for the child are included in Module III, When A Child Is Sick. An overview of childhood diseases is included in Module IV. Medical Problems, and Emergency Child Aid is the focus of Module VI. Other health problems which are more directly related to specific age levels are described in Module VII, The Growing Child.

I RECORDS AND FILES

There are several types of health information and permission forms which you should have on file. Some information will help you know about special problems or illnesses. Other forms are necessary for legal protection in case of emergencies. In some cases, standardized or required forms are available through the Texas Department of Human Resources or from your local licensing person. In other cases, you will want to make your own forms. Samples of various types of forms are included in the following section.

You should keep an individual file on each child in your care. Records kept in this file, should be on forms designed for each specific purpose. This will help you in keeping accurate records on each child. The types of information which should be included in the file are:

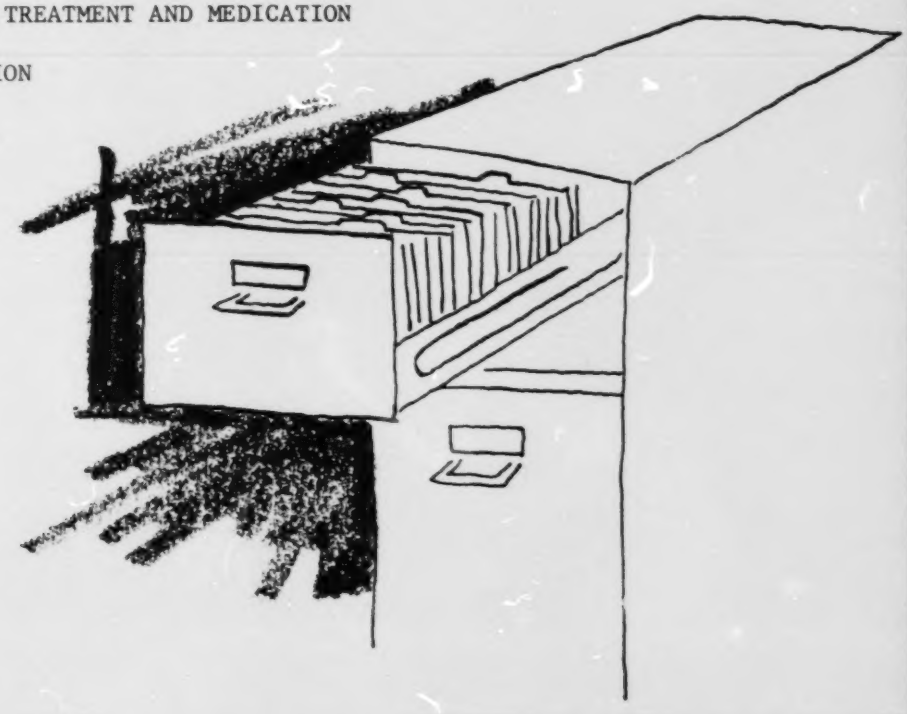
A. IMMUNIZATION RECORDS

B. HEALTH EXAMINATION INFORMATION

C. EMERGENCY INFORMATION

D. PERMISSION FOR TREATMENT AND MEDICATION

E. TRAVEL PERMISSION



A. IMMUNIZATION RECORDS

By law, each child must be immunized or have begun immunizations appropriate to his or her age before coming to your center or home. The parents should show you an immunization certificate, which they may need to keep. It should be signed by the child's physician or a qualified health clinic person. The certificate should list all the immunizations the child has had and the dates. You can make your own form for recording this information or get a form from your local licensing person. The Texas Department of Health Resources provides several kinds of record keeping cards free of charge, similar to the following form.

Name of Child _____ Date _____

IMMUNIZATION RECORD (NOTE DATE AND ANY ADVERSE REACTIONS)

Pertussis, Tetanus, (DPT)	Original Series	#1	#2		#3	
	Boosters DPT after age 6	#1	#2	#3	#4	#5
Polio	For each immunization, indicate type of vaccine (OPV-T=Trivalent Oral, OPV-1=Type 1 Oral, S=Salk)					
	#1	#2	#3	#4	#5	#6
Measles	Natural Infection (Needs no Immunization)		Live Vaccine (Swartz or Edmonston)		Killed Vaccine #1	#2 #3
Small Pox	1st Vaccination (Date) Primary Take? __Yes __No		Revaccination (Date) 2 Take? __Yes __No		#2 (Date) 2 Take? __Yes __No	

Other

Physician's Signature _____

SAMPLE ONLY

- Make sure each child's immunization record is kept up-to-date.

- If a child has not had all the necessary immunizations, the parents should see that they are completed as each becomes due. You can help by reminding them of a due date.

- Exemption from immunization law is allowable on an individualized basis for medical reasons or religious conflicts. In the case of exemption for medical reasons, you must receive a certificate signed by a physician stating that the immunization would be harmful to the health of the child. When the exemption is for religious reasons, you must receive an affidavit signed by the parent stating that the immunization conflicts with the practice of a recognized church or religious denomination of which the child is a member. This exemption does not apply in times of emergency or epidemics.

The minimum immunization for children admitted to child care facilities is as follows:

Doses of Vaccine for Four Different Age Groups				
Vaccine	Under 1 yr.	1-4 yr.	5-11 yr.	12 yr. & Older
Polio	3	3	3*	3*
DTP &/or Td	3	3	3*	3**
Measles	None	1	1	None
Rubella	None	1	1	None

* At least one of these doses must have been received since the 4th birthday.

** At least one dose must have been received within the past 10 years.

If a child has had measles illness, measles vaccine is not required.

B. HEALTH EXAMINATION INFORMATION

Before a child begins to attend your center or home, the child should have a health examination from a physician, from a public health clinic, or from an Early and Periodic Screening, Diagnosis and Treatment program. This will help you know that the child is in good health, or alert you to any problems the child might have such as allergies, disabling conditions, or special needs. The parents should give you this statement for your files.

When a child has a problem, the parents should give you complete information about symptoms, treatment, medication, limitations on activities, and emergency procedures. All of this must be written down by the parents or the physician. A sample statement follows.

STATEMENT OF CHILD'S HEALTH STATUS

I have examined _____ and find that he is free of infectious and contagious diseases.

Disabling conditions, physical or mental, affecting the child's participation in group activities:

_____

_____

_____

_____

Date _____ _____
Signature of examining physician

_____
Address Phone

_____

SAMPLE ONLY

C. EMERGENCY INFORMATION

You will want to have information about contacting the family or other persons in case of emergencies. When the child is living with only one parent, you should also find out whether the other parent may be contacted. Sometimes this information is included on registration forms or you may want a separate form. In either case, be sure you can locate the emergency contacts immediately. When a parent changes jobs, be sure to update your records.

You also need the name and telephone number of the child's physician in case of a medical emergency. In many places, a signed statement by the parent or legal guardian is required before a hospital will give any treatment, even in an emergency.

INFORMATION AND EMERGENCY FORM

Child's Name _____ Birthdate _____

Parent (or guardian) _____

Address _____ Home Phone _____

Mother: Name used at work _____

Employer _____ Address _____

Phone Number _____ Hours worked _____ to _____

Father: Name used at work _____

Employer _____ Address _____

Phone Number _____ Hours worked _____ to _____

If parents are living separately, which parent should be contacted in case of emergency?

Name _____

Address _____ Home Phone _____

If parent is unavailable, list two persons to contact in case of emergency.

	Name	Relationship	Phone
1.			
2.			

Doctor's Name _____ Phone _____

If unavailable, use _____
(Name of another doctor, hospital, or clinic)

_____
Address Phone

SAMPLE ONLY

D. PERMISSION FOR TREATMENT AND MEDICATION

Any time a child needs medication or special treatment you must have written and dated permission from the parent or physician. This will protect both you and the child. Each time there is a new set of medication you need to have a new form signed.

For example, Billy has a cough and his parents have given you written permission to give him cough syrup for one week. Two weeks later, Billy's cough returns. His mother telephones to ask you to give him the same medicine again. His mother should sign a new form for this second cycle of medication. A sample medication form follows.

PERMISSION FOR MEDICATION FORM

Parent's Authorization:

_____
(Name of person authorized to give medication)

Please administer the following medication to:

_____
(Name of Child)

Name of medication _____

Dosage _____

When to give _____

Continue this medication until _____
Date

Prescribing physician _____

Prescription number _____

MEDICINE MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME CLEARLY WRITTEN.

_____ _____
Signature of Parent or Guardian Date

OR

_____ _____
Signature of child's physician Date

SAMPLE ONLY

****

Your Record:

RECORD OF MEDICATION: Use this to check dosages given and as a reference for sharing this information with the child's parent.

Amount	Time	Date	Amount	Time	Date

Medicine returned to child's parent _____ OR thrown away _____
date date

E. TRAVEL PERMISSION

You will also need parent permission for children to take trips with you or with others from time to time. Each time you plan to take a child in your car or have children travel on a bus or in someone else's car, you must have written permission. This protects you in case of an accident or injury. If you are driving your own car, you should check with your insurance company to see if they have additional requirements.

You will want to make a specific form for each field trip and have the parents sign it before the day of the trip. The following sample will give you an idea of the type of information you might include.

I, _____ give permission for _____
Parent or guardian's name child's name
to travel to _____ on _____.
name of place date of trip

I understand that _____ will be traveling by private car
child's name
and will return by _____. Neither the Center nor
time of return
_____ will be held legally responsible in case of
driver's name
accident.

_____
Parent or guardian's name

_____
date

SAMPLE ONLY

II DAILY HEALTH ROUTINES

It is much easier to care for children when they can take care of their own toileting, eating, and dental needs. Teaching each child the right way and stressing cleanliness takes time and effort on your part, but it is worth it in the long run.

The major reason for teaching proper self care is that illnesses are often carried through lack of cleanliness. Children can learn to brush their teeth, wipe themselves, and wash their hands quite independently at a young age. In fact, children enjoy the ritual and routine of washing when they are not rushed.

A. TOILETING

Toileting and washing routines are an important part of the child's needs. In addition to teaching good health habits, these routines provide a way of learning independence, responsibility, following directions, and cleanliness. When several children are together, as in a day care center, they also learn how to help others, courtesy, and sharing.

It is most important that these routines be pleasant, leisurely experiences and viewed as fun rather than as chores. Never shame, rush, or prod a child who is learning to take care of his or her own needs.

1. Toilet Training

Children have to be ready for toilet training before you can start any kind of training. They should be able to walk and say a few words. Usually children cannot control their muscles enough for training until they are about 18 months old.

Talk with the parents to be sure you follow the same procedures as are followed at home. Changing toilet training methods is confusing to children. The following points will help if you are toilet training a young child.

- Start with bowel training. Provide a low potty chair for children to sit on. Have them sit no longer than five minutes at a time. At first you may let them sit there less than five minutes. It also helps if they see other children using the toilet.

- Try to take children to the potty chair about the same time they usually soil their diapers. Usually they will give you some type of warning sound.

- When children are successful always praise them.

- Be patient. Even when bowel training is successful, there will be an accident now and then.

- After a child is bowel trained and is able to stay dry for at least two hours, you may want to start bladder training.

- Ask the parent to bring training pants for the child. Training pants may result in more work for you when there are accidents, but they give the child a clearer notion of training. Children are usually very pleased to be out of diapers and wearing pants instead. Training pants are also easier to get off in a hurry.

- Once you start a child in training pants it is best not to use diapers again. If the child wets when sleeping, put several pairs of training pants and a pair of rubber pants on him or her.

- Check to see that the training pants are not too tight and uncomfortable. Children usually outgrow their pants before wearing them out.

- Try to take children to the toilet about the times they usually wet. You have to adapt to their schedule.

- Toilet training can be quite tedious, and occasionally a child may refuse to use the toilet at all or be stubborn about it.

  . Treat accidents matter of factly without shaming or punishment. Accidents simply will happen.

  . Don't use force. If a child refuses to cooperate, relax training for a while.

2. Child Size Facilities

It would be nice if all toilets and washbasins for children were conveniently located, and were the proper size for a child. Since that is not the case, most bathrooms in homes and centers have to be adapted for children. You can help by making things as safe and convenient as possible.

- Commodes are a safety hazard and frustrating to children if they can't get on the commode by themselves. Place a wood box or a sturdy stepstool in front of a standard size toilet. This will help the children reach the commode and give them a place to put their feet while sitting.

- Place a sturdy stool, bench, or wood box in front of the washbasin. Be sure it is large enough for them to stand on it without falling off when reaching for the soap.

- Place toilet paper, soap, and paper towels within the reach of the child. If washable towels are used, be sure they are hung on a low rack.

- Place a wastebasket close to the washbasin for discarding used paper towels.

- Be sure the floor is clear of bath mats or towels on which children can slip and fall.

3. Bathroom Guidelines

It is important for children to become independent in their toileting habits. Supervision is critical for younger children. Until older children can care for themselves independently supervision is also important.

Whether in a home or a center, teach the children specific rules for using the bathroom. Establishing and following rules will help the children learn and make your job easier. The following rules are suggestions which you should adapt to meet your particular needs.

- Always wash hands immediately after using the toilet.
- One paper towel will usually dry hands if it is unfolded before use. Before throwing the towel away, use it to wipe spilled soap off the sink.
- If using cloth towels, always use a separate one for each child. Having differently colored towels for each child helps.
- Teach the children to tell an adult if they use the last piece of toilet paper or the last paper towel.
- Paper towels, toilet paper rolls and other objects are not to be put in toilets.
- The bathroom is not a place for playing games.
- Children should not sit on the bathroom floor.
- When with several children, no one leaves until the adult says it is all right.
- Take all the children to the bathroom at certain times during the day (before outdoor play, before meals).
- The toilet should always be flushed when children are through.

Four- and five-year-olds are usually able to go to the bathroom by themselves after they have learned basic toileting rules. However, a few children of this age may not be ready for the full responsibility of going directly there and returning right away. If a child has not returned in a few minutes, you should check to see if he or she is in need of help or has stayed to play in the water.

Three-year-olds usually need a longer period of time to learn the routines of going to the bathroom. Three-year-olds must be reminded to go and many need to be taken to the bathroom. Children often become so busy playing that they forget to go soon enough. All two-year-olds, and many three's, should go to the bathroom every two hours and before going outside.

4. Cleanliness

Teaching the children good bathroom habits and keeping the bathroom clean are critical to the health of each child. Many germs are spread during toileting and in bathrooms. Cleanliness is essential. The following points should be remembered:

- All children, especially girls, should be taught to wipe themselves from front to back. This helps keep germs from the anal area from contact with the urinary or vaginal area. Wiping from front to back helps reduce urinary tract as well as other infections.

- All children should be taught how to wash their hands thoroughly after toileting. Oral-fecal (mouth-stool) contamination is a prime source of many diseases including pinworms and hepatitis.

- Oral-fecal and skin-fecal contamination can occur any time a washcloth that has been used on the anal or urinary area is used anywhere else on the body. After using a washcloth on the child's bottom, always put it out of the reach of other children and wash it as soon as possible.

- Bathrooms should be cleaned with a good antiseptic daily. Germs can stay for a long time unless you use a germ killer.

- Any time a child has an accident in the bathroom or "misses" the commode, the area should be cleaned before another child uses it.

B. EATING

Eating is an important part of everyone's life and should be a pleasure. The children in your care will grow and thrive on a well balanced diet, and will learn good eating habits by watching you.

1. Washing Hands

Before every meal all children should wash their hands. Hands of all ages carry germs, and it is best that dirty hands are not in touch with the mouth. Hands may not look dirty, but germs may still be there.

2. Basic Foods

Serve only foods and drinks that are nutritious. The simplest surest way is to supply foods for meals using the Four Basic Food Groups.

The Milk Group:

- . milk, ice cream
- . cheese
- . soups and custards made of milk

The Bread & Cereal Group

- . enriched or whole grain bread
- . cereal
- . rice
- . macaroni
- . spaghetti
- . crackers

The Fruit & Vegetable Group:

- . apricots
- . cantaloupes
- . oranges
- . broccoli
- . carrots
- . greens
- . squash
- . sweet potatoes

The Meat Group:

- . red meats
- . fish
- . poultry
- . eggs
- . cheese

3. Food Servings

The following is a chart showing the least number of servings of the Four Basic Food Groups for each child according to the amount of time spent in your care.

Four Basic Food Groups	Time in Care	
	5 to 8 hours	8 hours or longer
Milk Group	1 serving	2-3 servings
Bread/Cereal Group	1 serving	2-3 servings
Fruit/Vegetable Group	2 servings	3-4 servings
Meat Group	1-2 ounces	2-4 ounces

Snacks also should be nutritious. Snacks can include: fresh fruits, raw vegetables, peanut butter, hard boiled eggs, bread or crackers, ice cream or milk.

4. Bottle Feeding

- If you provide the formula for bottle feeding use a pre-mixed iron fortified formula unless you have been given other instructions by the child's parents or physician. This formula helps prevent iron deficiency anemia.

- When caring for infants, the parents will usually bring the full bottles or the formula ingredients.

- Parents should provide baby bottles, labeled with the child's name.

- If the infant uses a special formula, the parents should bring enough for each day. Keep the formula refrigerated.

- Hold infants during feeding. They need the cuddling and warmth that you can give during this time. Children who drink from bottles while lying down can strangle or get ear infections.

- After feeding, wash the baby bottle right away. Do not wait for the parent to wash it at home. Milk left in bottles will cause bacteria to form. These germs remain in the bottle even after thorough washing, and the bottle can never be properly cleaned. If it is necessary to sterilize a bottle it can be done at a convenient time, but it still must be washed immediately after feeding. Rinsing the bottle in hot water is not enough.

C. Dental Care

The importance of primary (baby) teeth is being stressed more and more by dentists. The primary teeth have several functions including the following:

- They help in chewing food, and contribute to digestion.
- They contribute to facial development and expression.
- They allow space for permanent teeth coming in. When a primary tooth is lost too early, teeth on either side may take up some of the space. This may result in an eventual shift of all the child's teeth.
- They help a child talk clearly and effectively.

1. Care of Teeth

Care of an infant's primary teeth should begin as soon as teeth appear. A baby's first tooth may be expected by approximately six months of age. It will be the first of twenty primary teeth appearing between six and twenty-four months of age. Some of them will remain in the mouth until the child is around twelve years old.

- As the child grows and different stages of training are started, the child may be helped in routine care of teeth.
- Very early in a child's training, caregivers should begin to teach the basics of good teeth care. Habits learned as children will probably last through life. Dental health habits should be taught along with feeding, washing, and dressing.
- Helpful dental habits include:
  . Eating a balanced diet every day.
  . Brushing after every meal and after snacks. If brushing is not convenient, rinse the mouth well with water.
- Children should make their first trip to the dentist when they are between two and three years old. Visits should then be continued at regular intervals.

2. Brushing the Teeth

The toothbrush does the same thing that raw, course foods did for the teeth and gums for primitive people. It removes left-over food in which acid-producing bacteria live.

- Tooth decay is caused by a chemical reaction between bacteria, sugar, and acid in the mouth. Brushing the teeth reduced tooth decay.

- The acids that cause decay are most active right after meals. The sooner the teeth are brushed after eating--from 10 to 15 minutes after meals--the better the results in fighting tooth decay.

- For effective toothbrushing:
  . Brush right after eating.
  . Use a circular wrist motion to brush front and back of teeth, brushing from the gum line toward the biting or chewing surfaces.
  . Brush the top and bottom chewing surfaces with a back and forth scrubbing motion.
  . Brush in a definite order, for example, start at upper left back corner and finish with lower right corner.
  . Rinse the mouth after brushing.
  . Use the proper size of toothbrush and grade of bristles. Replace toothbrushes when they become worn.

3. Maintaining Sanitary Conditions

- Each child should have his or her own toothbrush. Each toothbrush should be rinsed well before and after each use.

- Each toothbrush should be stored by itself and in a place the child can reach.

  . If there is room for toothbrush holders, the toothbrushes can be hung up to help them dry.

  . Each child can have a paper cup that is changed daily to store his or her toothbrush in.

  . Toothbrushes can be stored in the plastic containers in which they are bought. However, be sure the container has air holes or the brushes will not dry.

  . Toothbrushes should never be stored in one group container.

- Children's toothbrushes should have their names or color code on them.

  . Names can be placed on the toothbrush handle or on the container.

  . If you have only a few children, use differently colored toothbrushes for each child.

  . Children should be taught to use their own toothbrushes. They should never use anyone else's.

- The number of children in the bathroom at one time will depend on your space.

  . No more than one child at a time should brush his or her teeth at a sink. Children tend to spit on each other.

  . Any child under 3 years of age should be supervised by an adult or an older child.

  . Children should be taught how to wipe or rinse off the sink after use, and how to clean and replace their toothbrushes.

III DAILY HEALTH CHECK

It is important to look at each child every day for possible health problems. Young children catch things very quickly and contagious diseases can spread to other children quite rapidly. A daily health check can alert you to early signs of illness.

A daily health check can also help you notice when a child is not completely well or is developing another problem after recovering from a period of illness. For example, a child who has been out with a cold may seem to be well and return. A few days later, the child may have unusually bad breath, meaning a possible throat infection. Or the child may have "runny" ears, indicating an ear infection.

A. OBSERVATIONS

Each morning when a child first comes into the home or center, you should spend a few minutes talking to and observing the child. Get down on the child's level and exchange a pleasantry such as, "Good morning." Ask how the child feels or what he or she did the day before. While you are chatting with the child you can look very closely for health signs and symptoms.

- A child's eyes often tell you about the child's health.

  . Are the eyes watery or inflamed?

  . Do they have a glazed appearance?

  . Are the lashes or lids crusty?

- If the child's eyes look the least bit unusual, observe him or her carefully throughout the day for other indications of illness such as fever, vomiting or diarrhea.

- Breathing and breath odor are also clues to a child's health.

  . Is there a deep cough?

  . A "rattling" sound when breathing?

  . Unusual breathing through mouth?

  . Unusual bad breath?

- Deep coughing or a rattle in the chest and noisy breathing should be checked with the parents, and the child may need to see a physician. Often children who seem to have recovered from a cold develop chest infections which may not be noticed because the child no longer has a runny nose and seems to be feeling so much better.

- Other things to look for include:

  . Pulling or tugging at the ears, especially after a cold. This may indicate an ear infection.

  . Scratching at the rectum, especially during naptime. This may indicate pinworms. Pinworms are often overlooked in young children. Irritability and fussiness together with scratching should be discussed with the parents.

- Look for any rashes, sores or other unusual conditions of the skin. These could indicate a contagious condition, or one that needs simple first aid.

- Any child who comes to a center or home with frequent bruises, scratches, cuts or injuries may be an abused child. You are required by law to report these cases to your local police or to the Department of Human Resources. Do not speak to the parents about it, let the authorities take care of it for you.

B. RECORDING OBSERVATIONS

Any unusual observations should be noted and recorded in the child's folder. If the child is ill or showing early symptoms of a medical problem, you will have enough accurately recorded information to give to the parents or medical advisor.

- If the child looks or acts more than mildly ill, notify the parents as soon as possible.

- If you have noticed and recorded any unusual symptoms such as rectal itching that continues for up to 10 days, notify the parents.

- You do not need a special form for recording these observations. Just use a piece of paper and write the child's name and your observations on it. When you do record a symptom or observation, be sure to date it.

- Often you will make an observation about a child's health at times other than the daily screening. Be sure to record this information as soon as it is convenient.

IV PERIODIC SCREENING AND REPORTING

You are in an unusually good position to notice children who have health problems. You see each child for several hours a week while a physician only sees a child for a short time during an examination. Poor coordination, speech problems, excessive tiredness, withdrawal from others are but a few of the things which you may see in a child before a physician or parents do.

For example, Dee was a three-year-old first child who did not speak at all well and frequently did not answer. His parents thought this was because of his age. The day care teacher, however, knew that other children were answering questions, responding to each other and speaking much more clearly than Dee. She wrote down her observations and talked to the center nurse who agreed that there was probably a problem. After talking to the parents and explaining the observations, the parents had Dee checked by a physician who specialized in hearing problems. They found that Dee had a hearing loss and could be helped through the use of a hearing aid.

The critical importance of the child care person in observing and referring children with possible problems cannot be over stated. Children are not aware of problems and may not be able to tell adults. Parents may not recognize a special problem, because they see only their child. Because you see several children everyday, you may be more alert to early symptoms.

Periodic screening is a most important part of your work with young children. Periodic screening means recording things you observe about a child. To be consistent in observing all the children, it is easiest to use a checklist. You should use checklists to observe children during the first few weeks they are with you and again after a few months. Also, anytime you think there has been some type of change in the way a child is acting, you should use a checklist.

POINTS TO REMEMBER

. Periodic screening should be done every few months for each child in your care.

. Periodic screening should be recorded on a checklist.

. Each checklist should include space for information on each child for the areas of:

-general health
-motor development
-vision
-hearing
-speech and language
-behavior
-learning

. Most children will not have any problems. However, keep the checklists in their files. The next time you use one of the checklists in any area you can compare to see if any changes have occured.

. If you feel a child is having a problem, share the checklist information with the child's parents. When a child is referred to another professional such as a physician, speech therapist, or psychologist, ask the parent's permission to give the information to the person who will examine the child.

A. HEALTH

When checking for health problems look for:

1. Visible signs and symptoms of illness or disease
2. Complaints of pain or illness
3. Behaviors that indicate health problems

POINTS TO REMEMBER

When you look for health problems, you will need to distinguish between those that are chronic, and those that are acute. A chronic disease is one that occurs again and again or lasts a long time, even for life, such as a heart condition. Some problems, such as a runny nose or irritability, are only problems if they happen often or go on for a long time.

Other health problems are serious if they occur suddenly or have severe symptoms. Acute problems such as high fever, vomiting, and a rash which could indicate diseases such as scarlet fever, should be referred immediately. Health observations must be made over a period of time. However, you should check all children for signs of illness each day when they arrive.

WHAT TO DO

If you suspect that a child has a health problem whether long or short-term, you should talk with the parents. If you are in a center, check with your supervisor about referral procedures.

Parents should always be contacted before a child is referred to any person or agency outside of the center. Because a child's health is at stake, he or she must be seen by a physician as soon as possible.

A pediatrician is a medical doctor (M.D.) who specializes in treating children. Some parents will prefer to take their child to a family physician who treats adults as well as children. Either will examine the child carefully and give treatment for illness. If the doctor finds that the child has a serious chronic ailment such as heart disease, referrals will be made to other physicians and specialists as needed.

The child with an infection should stay at home until he or she no longer has fever. There is danger that other children might also get sick. Chronically ill children may need special treatment at school. Talk to the child's parents or doctor to see whether medication must be taken or activity at school should be limited. All instructions should be in writing. If the child must take medicine at school, be sure the bottle or box is labeled with the name of the medicine, the child's name and the amount and times of medication. All medicines should be placed out of the reach of children, in a safely locked cupboard.

If you have a child with a specific health problem like heart disease, find out the signs or problems you need to look for. Be sure that you know how to reach the parents of the chronically ill child, and be certain to let them know if you observe changes in the child's condition.

HEALTH CHECKLIST

1. Skin

   itching or rash (where)_____

   sores (where)_____

   wounds or injuries (where)_____

   cuts and bruises slow to heal _____

2. Head, mouth and neck

   lice_____

   sores on head_____

   bad teeth_____

3. Arms and Legs

   bluish tinge to nails_____

   difficulty using arm, leg, hand (describe)_____

   walks on tiptoes or stiff-legged_____

4. Diet and eating

   extremely underweight or overweight (circle one)

   excessive hunger or thirst (circle one)

   eats nonfoods. What? _____

5. Restroom behavior

   frequent diarrhea or constipation (Circle one)

   frequent or painful urination_____

   poor bladder control_____

   scratching anal area_____

6. Behaviors that signify health problems

   frequent absence from school_____

   excessive fatigue, irritability_____

   lack of energy, listlessness_____

B. VISUAL

When checking for visual problems look for:

1. Visible signs of something wrong with the eyes
2. Behaviors that indicate visual problems

Points to Remember

Vision is very important, but often children with visual problems are not identified until they begin reading instruction or even later. However, even very young children with a visual impairment will show some conditions and patterns of behavior that indicate a problem. For example, a child whose vision is blurred or fuzzy will often squint or peer intently at objects in an attempt to see better.

Many day care centers and some community organizations provide a visual screening test. The vision checklist is not a substitute for visual screening which should be provided for all children over the age of four, annually. Visual screening does not identify all visual problems. Using a checklist to identify the behavior - the way a child acts - that points out possible problems can be of help to parents and physicians.

What to Do

Children who may have visual problems must be referred for a formal eye examination. This is done through the child's parents; examinations may be given by an ophthalmologist or an optometrist.

An ophthalmologist is a medical doctor (M.D.) specializing in eye diseases and other visual impairments, who can perform surgery and prescribe medicines as well as prescribe glasses and contact lenses.

An optometrist (O.D.) is a nonmedical doctor who examines the eyes for diseases, muscle disturbance, and visual impairment, and prescribes glasses. contact lenses and visual therapy. An optometrist cannot treat diseases of the eye, but if there is evidence of eye disease, the optometrist will refer the child to a medical doctor (ophthalmologist).

An optician is a licensed practitioner who grinds and fits lenses and adjusts and fits eyeglasses frames. An optician does not examine eyes, however, you can help prepare children for eye examinations by letting them try on glasses frames and telling them what will happen and what they will be expected to do. If there is a visual screening program in your center, you can help prepare children by explaining what they are expected to do. Usually the center nurse or health aid does the visual screening.

If a child begins wearing glasses, ask the parents whether the child needs any special help. Visually impaired children need work areas that are well lighted and free from glare. Make sure, too, that they are seated where they can see clearly. If the child is to wear a patch or eyeglasses, see that he/she does so. Help the child to accept wearing an eye patch or glasses by admiring them and preventing the other children from making fun of him/her.

VISION CHECKLIST

1. Red, swollen eyelids _____
2. Crusts or sores on eyelids _____
3. Red, watery or cloudy eyes _____
4. Drooping eyelids _____
5. Eyes do not appear to work together (describe) _____

6. Peers intently or squints frequently _____
7. Leans unusually close to work _____
8. Tilts head or closes one eye _____
9. Bumps into things; trips over objects _____
10. Complains of the inability to see well _____

C. HEARING

When checking for hearing problems look for:

1. Visible signs of ear problems
2. Behaviors that may indicate hearing loss

Points to Remember

Children learn to speak and understand language through hearing. Through language they learn about the world and their place in it.

Children with even a mild hearing loss may miss much of what is said and much that happens in the world around them. They may not learn to identify sounds, and often do not understand directions. A child with a hearing loss may not hear you when you call, or if the loss is severe, hear the horn of a car coming up the street. Good hearing is essential but often the hearing-impaired child is not identified because no one has noticed the behaviors that show he or she is having problems.

Some children have tubes in their ears because of earlier ear problems. This information should be in the child's school health record. It is important for teachers to know if children have tubes, especially if swimming is part of the school or center program. The parents should give written permission for the child to swim, and the doctor's instructions regarding the use of earplugs should be followed.

Many hearing-impaired children have speech problems. Every child with a speech disorder should be checked for possible hearing loss.

Hearing screening tests with an audiometer are given by the public schools for children who are six or older. Some cities have volunteer groups which do screening for younger children. Talk with your center director or licensing person to find out who does hearing screening for the children in your care.

What to Do

If you think a child may not hear well, you should talk to the child's parents. Explain why you think there may be a problem and ask the parents to take the child for a professional hearing examination.

An otolaryngologist is a medical doctor who specializes in diseases of the ear, nose, and throat.

An otologist, who is also a physician, specializes in diseases of the ears only. Any child with suspected ear disease should be seen by a physician.

If there is no ear disease but you suspect a hearing loss, the child should be examined by an audiologist, a professional with training in the management of the nonmedical aspects of hearing impairment, who tests hearing and hearing skills and recommends hearing aids and special auditory training. Send a copy of the

checklist to the physician or audiologist for the children you refer. This will provide information about unusual behaviors you have observed.

If a child has a hearing loss, you will want to get information from the person who examined the child. Ask how severe the child's hearing loss is, whether both ears are affected, and how the child may be affected. If the child is to wear a hearing aid, ask how long it should be worn each day. Check to see that the child wears the aid, that it is turned on, and that the aid is operating properly.

The audiologist can tell you about the hearing aid, how it works, and what to do in case of difficulty. If the child falls behind the other children, either in language or learning development, seek advice from a trained teacher of the deaf or a speech pathologist. The hearing-impaired child may need additional help from these professionals.

HEARING CHECKLIST

1. Complains of earaches _____
2. Tugs, pulls or scratches at ears _____
3. Drainage or strong odor from ears _____
4. Excessive wax or dirt or foreign object (head, insect) in ear _____
5. Does not react to sudden noises _____
6. Uses gestures instead of talking to communicate _____
7. Watches speaker's face very closely _____
8. Does not respond when spoken to from behind or from across the room _____
9. Asks for frequent repetitions (Huh? What?) _____
10. Unusual voice: ___extremely soft ___unusually loud

    ___ monotone

11. Associated problems

    a. Frequent colds, sore throats, etc. _____
    b. No speech _____
    c. Dizziness, nausea, unsteadiness _____
    d. Changes in behavior after absence or illness _____
    e. Reports of ringing or whistling in ears _____
    f. Signs of frustration

    _____ Temper Tantrums _____ Irritability

    _____ Distraction

D. SPEECH

When checking for speech problems listen for:

1. Child talking like a much younger child
2. Child having difficulty understanding or expressing ideas through speech
3. Child who is hard to understand; does not speak clearly
4. Child who has little or no speech

Points to Remember

Learning to talk is one of the most important achievements of young children. During the preschool years, children gradually use language more and more to express their needs and feelings.

While a 2-year-old may cry if another child takes his or her ball and may try to grab it back, a 4-year-old may say, "That's mine, give it back. Teacher, he took my ball." The child whose speech is delayed (talks like a much younger child) or is hard to understand can become very frustrated over the inability to talk to others.

As children approach elementary school age, they are expected to learn more and more from language. A teacher may point to a shelf and say, "Bring me that book," to a 3-year-old. To a 5-year-old the teacher may say, "Bring me the book from the top shelf of the bookcase next to my desk." The child who has trouble understanding will fall further and further behind in learning. The child may also become withdrawn or appear disinterested.

Young children are sometimes aware that they have speech problems. Other children may have laughed at their mispronunciations or stuttered words. The child may then hesitate to speak. Adults, parents especially, need to realize the importance of the child's understanding and use of language in order to see that children who have problems get special help.

Young children's speech should not be compared with adult's speech. All young children leave out sounds, repeat words, and put words in a different order while they learn to speak. A young child is said to have a speech problem only if his or her problem is so different from other children's of the same age that it calls attention to itself or interferes with the ability to communicate.

What to do

Parent permission for speech testing is not required if you have a speech therapist in your center. If not, you probably will want the parents to take their child to a clinic for a speech test.

Speech evaluations are given by a speech pathologist (speech therapist), a professional who specializes in the diagnosis and treatment of speech and language disorders.

Find out from your supervisor whether a speech pathologist is assigned to your school or center. If not, speech therapy services may be available through a local speech and hearing clinic, hospital, university, or some other agency.

The speech pathologist will evaluate the child's overall language development and hearing as well as speech. The child may be recommended for speech therapy or other testing. The speech therapist can provide you, as well as the parents, with suggestions for working with the child in the classroom or at home.

SPEECH/LANGUAGE CHECKLIST

1. Never speaks

   makes no sounds _____

   makes sounds but not words _____

   does not seem to want to talk _____

2. Seldom speaks

   seldom speaks to anyone _____

   will speak in some situations but not in others. Explain _____

   will speak to some people but not others. Explain _____

3. Is hard to understand

   speech cannot be understood _____

   tongue sticks out when talking _____

   frequently repeats words or sounds _____

   unusual voice. Explain _____

4. Talks like a much younger child

   speaks in shorter sentences or phrases than other children of the same age _____

   leaves words out of sentences _____ does not know the names of common objects _____

5. Seems to have difficulty understanding speech

   does not follow directions; easily confused _____

   responds better when gestures are used _____

6. Seems to have difficulty expressing ideas through speech

   uses gestures instead of words _____

   starts to say something but stops as if looking for the right word _____

   gives incomplete or wrong answers to questions he/she should understand _____

   repeats questions or echoes (repeats what others say without meaning) ____

E. MOTOR

When checking for motor problems look for:

1. Gross motor problems: Difficulty with walking, running, throwing, and other large movements.
2. Fine motor problems: Difficulty using the hands for small, close work.

Points to Remember

Young children use their body movements as much as they use their eyes and ears to help them learn. They pick things up, shake them, swing them around, and do many other physical things with objects they are learning about. The child with motor problems may not do these things, and his or her learning will be slowed. Because most preschool children are still somewhat uncoordinated, the young child with motor problems may not be noticed without careful observation.

The child with motor problems has difficulty with movements and coordination.

Gross motor activities involve movements of the body and limbs. Gross motor skills are needed for climbing, jumping rope, dancing, and other physical activities.

Fine motor tasks involve small muscle control, especially of the hands. Fine motor abilities are needed for many activities, including coloring, cutting, working puzzles, and stringing beads, as well as for writing.

Most fine motor activities also require good visual abilities. The child's eyes and hands must work together. This is called eye-hand coordination. Children use their eyes as well as their hands when they string beads or draw circles.

What to Do

Children having trouble with activities that most of the other children do should be referred to a pediatrician or a family physician. The doctor may then refer the child to some other medical specialist, such as an orthopedic or bone and joint surgeon. Also, if a child needs specialized training in motor skills, the doctor may refer the child for therapy from a physical therapist or occupational therapist.

The child with motor problems may have trouble with many kinds of activities. Encourage the child to try motor activities, and give him or her motor tasks that are easy enough to do. If the child is embarrassed about being clumsy on the playground, you may be able to organize some quiet motor games with only a few children. Rolling or bouncing a ball among three or four children is one activity that can help the child develop motor skills. Simple fine motor tasks might include putting objects in small containers or "drawing" with a finger dipped in paint instead of using a crayon. You can get other suggestions from the physician or therapist who is working with the child.

Some children in your class may wear corrective shoes. If so, write this down and note whether or not the child may go barefoot.

MOTOR CHECKLIST

1. Unusually clumsy or awkward in using legs or feet (on each of the following items the child should be compared with other children of the same age).

   a. poor posture. Describe _____

   b. feet: _____ toes in (pigeon toed) _____ toes out

      _____ walks on tiptoes much of the time

   c. stumbles or falls frequently _____

   d. walks stiff-legged _____

   e. legs twitch, jerk, tremble, or shake _____

   f. as compared with other children of the same age, this child has extreme difficulty in:

      _____ running _____ skipping _____ kicking a ball

      _____ hopping _____ jumping _____ other

2. Unusually clumsy or awkward in using arms (on each of the following items the child should be compared with other children of the same age).

   a. complains of tiredness or pain in arms after physical exercise _____

   b. arms twitch, jerk, tremble, or shake _____

   c. as compared with other children of the same age this child has extreme difficulty in:

      _____ throwing _____ catching a ball _____ swinging a rope

      _____ moving arms in a circle _____ other

3. Does not use toys or objects as well as other children of the same age. As compared with other children this child has extreme difficulty in:

   a. picking up objects with thumb and forefinger _____

   b. stacking one-inch cubes _____

   c. putting a peg in a hole _____

   d. hitting a peg with a hammer _____

   e. stringing beads _____

   f. cutting with scissors (older children only) _____

   g. coloring within lines (older children only) _____

   h. holding pencil or crayon _____

   i. eating with a spoon and fork _____

F. BEHAVIOR

When checking for behavior problems look for:

1. Frequent or extreme undesirable or unpleasant behavior
2. Difficulty getting along with others

Points to Remember

At one time or another, all children act in ways which annoy, anger, or worry adults. Children who are tired or sick may cry and whine and refuse to participate. All children fight over toys, more frequently at some ages than at others. However, some children seem to spend most of their time and energy disrupting the classroom. Others never seem to adjust and are fearful and withdrawn.

Children who have undesirable or unpleasant behavior much of the time may have problems. Such problems can interfere with a child's learning and the child may become disliked by the other children. These children are not usually happy. They need help with their problems, and you need help understanding their problems. Careful observation and referral to the right professionals is very important. Also, it is not always easy to separate learning problems from behavior problems. The symptoms are often the same.

What to Do

If you think a child is having behavioral problems, the child should be referred to the social worker or psychologist, if one is available. Otherwise, consult your supervisor or licensing person who will be familiar with other resources.

A social worker is a college-trained professional who helps people with problems in getting along with others.

A psychologist is a college-trained professional who works with people who have mental or emotional problems.

A psychiatrist is a medical doctor who treats persons with emotional or nervous problems. A psychiatrist can give medical treatment as well as therapy. These professionals may work in schools, mental health centers, child welfare offices, hospitals, clinics, or private practices. Referring a child to any of these professionals is appropriate; they can make further referrals as necessary.

Before you make any referral, it is very important that you talk to the parents. You must have their permission to refer, and they may be able to give you some understanding about why the child seems to be having behavior problems. There may be some upsetting situation in the home, such as an illness or a conflict between the parents, which is affecting the child. The child may be imitating the unpleasant behavior of an adult. For example, a child who hits others in school may live with an adult who hits others.

To help the child with behavioral problems, you will need the advice of other professionals. The persons who evaluated the child should give you information about the special needs of the child.

The child will very likely need extra attention, and you can give it throughout the normal day. Stop and talk to the child and look at what he or she is doing. Take special care to give the child attention for working hard and playing well with others, not just when something bad has happened. Ignoring a child who is doing well and giving attention to misbehavior is rewarding poor behavior with attention.

You may want to set up a "quiet corner" for the child to go or work in when he or she is feeling restless or frustrated. If the child's behavior is very disruptive and difficult for you to deal with, talk to the psychologist or other professional persons about ways of helping the child learn self control.

BEHAVIOR CHECKLIST

1. Frequent or extreme undesirable or unpleasant behavior.

   a. crying _____ tantrums _____ (Describe situation and frequency)

   _____

   b. Fearful _____ anxious _____ tense _____ (Describe situation and frequency _____

   c. withdrawn (Describe situation and frequency) _____

   _____

   d. seldom smiles or laughs (Describe situation and frequency) _____

   _____

   e. frequent changes of mood (Describe situation and frequency) _____

   _____

   f. destructive behavior

   _____ tries to hurt self _____ tries to hurt other children

   _____ tries to hurt adults _____ tries to break objects toys

   g. sleeping problems

   _____ walks in sleep _____ afraid to close eyes

   _____ bad dreams _____ wets bed

2. Does not get along with other children and/or adults.

   a. Problems getting along with other children

   hits or fights physically with other children _____

   does not cooperate; bothers or interfers with others _____

   avoids other children; does not interact with them _____

   other _____

   b. Problems getting along with adults

   avoids adults; does not interact with them _____

   clings to adults _____

   hits or fights with adults _____

G. LEARNING

When checking for problems in learning look for:

1. Unusual slowness or immaturity in all areas of learning
2. Uneven development in learning
3. Signs of stress in learning situations

Points to Remember

It is extremely difficult to clearly identify learning problems in children under the age of four. Children vary so much in their development and learning abilities before this age that it usually is best to wait and watch carefully. However, when four and five-year-olds are unusually behind their friends, they may have learning problems.

Your concern with academic skills will depend on the age of the children and whether reading, writing, and arithmetic are being learned. You may care for children who seem to have difficulty picking up basic skills they will need for later learning. For example, a child may not be able to sit still long enough to listen to a story or may not be able to put a puzzle together when the other children in the class can do these.

It is important that children with learning problems be identified early so that they can be given special help before they begin failing in school.

The cause of learning problems in young children cannot always be determined and it is not right to label the child as mentally retarded or having a learning disability. Labels do not tell much how a child learns or how to teach them.

What to do

If you think a child has learning problems, there may be several professionals in your community who could diagnose and plan special help for the child.

A psychologist or psychometrist can give the child tests which could help identify the problem.

An educational diagnostician or resource teacher could plan activities you could use with the child. A resource teacher might also be able to work with the child for part of the day.

If none of these special services are available ask your center director or licensing person to recommend a good outside agency. Parents must always be consulted before a referral is made.

If a child in your class has learning problems, you will want to know what special activities you can give the child to help him or her learn. Talk to the person who has tested the child to find out how you can help. You will need the parents' permission to do this.

The child may need a quiet place to work alone. Children with learning problems may be more aware of their failures than adults realize. All children need to feel they can succeed and can learn. Changes in behavior can only begin when you give the child tasks at which he or she can succeed and praise the child for accomplishments.

LEARNING CHECKLIST

1. Unusual slowness or immaturity in learning. When compared with other children of the same age this child does the following activities with much less skill.

   a. playing with blocks and puzzles _____

   b. doing art activities _____

   c. playing with one or more children _____

   d. looking at books _____

   e. listening to a story _____

   f. doing finger plays and singing games _____

   g. other _____

2. Uneven development: child seems to do well in some activities but not in others. Explain _____

   _____

3. Signs of stress in some learning situations.

   a. shows little interest in some activities. Which ones?___

   _____

   b. becomes tense, hyperactive, or frustrated during some activities. Which ones? _____

   When? _____

   c. refuses to try. Explain _____

   d. asks for more help than other children _____

   e. seldom or never finishes _____

V. RESOURCES AND INFORMATION

Every community will have a number of agencies and special interest groups with resources and/or information available to you. It is always a good idea to look for information and help in your community first. If local groups do not have the special resources you need they will probably refer you to regional agencies. Or they will contact the regional agencies for you.

Public service is the purpose of community and regional agencies, and you should not hesitate to contact them. The funding of these agencies allows for little advertising, so you may have a problem locating them. It is important when you are looking for information to be very specific about what you need or want and the cost involved.

A. LOCAL RESOURCES

Agencies and special interest groups will be listed in the yellow pages of your telephone book. Some possible resources are as follows:

Local Agencies	Information and Resources
Local Public Health Department	May provide all types of health services. Some may be free. May provide funds to purchase services from other sources.
Local Human Resources or Public Assistance Programs	May provide funds for any or all health services for children whose families receive or are eligible for public assistance.

Medical Assistance under "Medicaid"	Provides funds to purchase diagnostic and treatment services for a wide range of health problems for poor children.
Dental Service Corporation	May provide advisement and administration of dental services.
Well Child Clinic	Check with your local hospital to see if they have a free well child clinic for poor children.
Catholic, Protestant, Jewish Welfare Associations	May provide money for services as well as social services.
Family Service Associations	May provide psychological, psychiatric and social services.
Civic Clubs and Women's Clubs	Money or volunteer help for special projects
Association for the blind or prevention of blindness	Vision screening and special services for vision-impaired children.

Associations for retarded children, for children with cerebral palsy, for crippled children, and for children with special diseases.	Special services for retarded and handicapped children.
Tuberculosis Associations	Tuberculin testing and follow up.
Mental Health Mental Retardation Associations	Psychological and social services, and mental health consultations.
AFDC (Aid to Families with Dependent Children)	Special payments for medical services in addition to general support payments.

B. NATIONAL ORGANIZATIONS

There are many national organizations concerned with specific problems of children. Many of these have local chapters. Most of these national groups have publications which may help you.

General

CEC/ERIC Information Center on Exceptional Children
The Council for Exceptional Children
1920 Association Drive
Reston Virginia 22091

(CEC publishes the journals Exceptional Children and TEACHING Exceptional Children, as well as various monographs; it also includes divisions related to specific types of handicapping conditions.)

Office of Child Development
Children's Bureau
U.S. Department of Health, Education, and Welfare
Donohue Building
400 Sixth Street, S.W.
Washington, D.C. 20201

Child Welfare League
67 Irving Place
New York, New York 10003

Public Affairs Pamphlets
381 Park Avenue
South
New York, New York 10016

State Agencies: Division of Special Education
Department of Human Resources

VISUAL PROBLEMS

American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

American Printing House for the Blind
1839 Frankfort Avenue
P. O. Box 6085
Louisville, Kentucky 40206

Optometric Extension Program Foundation, Inc.
Duncan, Oklahoma 73533

Volunteers for Vision
P.O. Box 2211
Austin, Texas 78768

HEARING PROBLEMS

Central Institute for the Deaf
818 South Euclid Avenue
St. Louis, Missouri 63110

National Association of Hearing and Speech Agencies
814 Thayer Avenue
Silver Spring, Maryland 20910

(In addition to clinical services, the clinic conducts a parent training program and a home correspondence program for parents.)

Volta Bureau
Alexander Graham Bell Association for the Deaf
1537 35th Street, N.W.
Washington, D.C. 20007

(The Bureau publishes professional journals and provides informational pamphlets.)

SPEECH PROBLEMS

American Occupational Therapy Association
231 Park Avenue South
New York, New York 10011

American Speech and Hearing Association
9030 Old Georgetown Road
Bethesda, Maryland 20014

Bill Wilkerson Speech and Hearing Center
1114 19th Street
Nashville, Tennessee 37212

National Association of Hearing and Speech Agencies
814 Thayer Avenue
Silver Spring, Maryland 20910

MOTOR PROBLEMS

Association for the Aid of Crippled Children
345 East 46th Street
New York, New York 10017

The National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

HEALTH PROBLEMS

American Diabetes Association
18 East 48th Street
New York, New York 10017

American Heart Association
7320 Greenville Avenue
Dallas, Texas 75235

National Cystic Fibrosis Research Foundation
2379 Peachtree Road, N.E.
Atlanta, Georgia 30326

National Health Council
1740 Broadway
New York, New York 10019

LEARNING PROBLEMS

Including Learning Disabilities, Emotional Disturbances, and Mental Retardation.

Association for Children with Learning Disabilities
2200 Brownsville Road
Pittsburgh, Pennsylvania 15210

National Institute of Mental Health
Box 1080
Washington,D.C. 20013

National Association for Retarded Children, Inc.
2709 Avenue E East
P.O. Box 6109
Arlington, Texas 76011

TEST YOUR KNOWLEDGE

Take this test both before and after studying this module to see what you have learned. An answer key is on the back.

Read each question and circle all the correct answers. THERE IS MORE THAN ONE CORRECT ANSWER FOR SEVERAL OF THE MULTIPLE CHOICE ITEMS.

1. The records kept in each child's individual folder must include:

   A. Immunization Records
   B. Health Examination Information
   C. Observation Forms
   D. Emergency Information
   E. Permission for Treatment/Medication
   F. Travel Permission

2. True False By law each child must be immunized or have begun age-appropriate immunizations before coming to a day care center or home.

3. True False Once parental permission is given for a particular medication, no further permission is required.

4. True False A new travel permission form should be signed by parents every year.

5. True False Usually children cannot control their muscles for toilet training until they are about 18 months old.

6. True False The three basic food groups are breads/cereals, meat, fruit/vegetables.

7. True False After feeding, baby bottles should be washed immediately, rinsing in hot water is not enough.

8. True False Children should make their first trip to the dentist at about the same time they enter kindergarten.

9. If there is evidence of eye disease, a child should be referred to:

   A. An optometrist B. An optician C. An ophthalmologist

10. If there is no ear disease but you suspect a hearing loss, a child should be referred to:

    A. An otologist B. An audiologist C. An otolaryngologist

11. True False Once parents have signed an affidavit, a child can be exempt from immunization for religious reasons under all conditions.

12. True False Bowel training comes before bladder training.

13. True False Never have more than two children brushing their teeth at a sink at one time.

14. True False Day care personnel are required by law to report suspected cases of child abuse to the local police or the Department of Human Resources.

15. True False A Speech Pathologist can evaluate a child's overall language development and hearing as well as speech.

16. Which of the following professionals can help with diagnosis and development of special plans for the child with learning disabilities:

A. Psychologist
B. Educational Diagnostician
C. Psychometrist
D. Resource Teacher
E. Social Worker
F. Psychiatrist

ANSWER KEY

1. All but C
2. True
3. False
4. False
5. True
6. False
7. True
8. False
9. C
10. B
11. False
12. True
13. False
14. True
15. True
16. A, B, C, D